

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) ▼

9900 Bren Road East

☐ Check if different than previously reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00274431

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer

Susan Sherwood

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

|   | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date                                     |
|---|---|---|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2015</span> |   | <span style="border: 1px solid black; padding: 2px;">225407.90</span> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <span style="border: 1px solid black; padding: 2px;">166700.05</span> |   |
| (c) Total Receipts (from Line 19) .....   | <span style="border: 1px solid black; padding: 2px;">68299.80</span>  | <span style="border: 1px solid black; padding: 2px;">219231.97</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....   | <span style="border: 1px solid black; padding: 2px;">234999.85</span> | <span style="border: 1px solid black; padding: 2px;">444639.87</span> |
| 7. Total Disbursements (from Line 31) .....   | <span style="border: 1px solid black; padding: 2px;">68000.00</span>  | <span style="border: 1px solid black; padding: 2px;">277640.02</span> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | <span style="border: 1px solid black; padding: 2px;">166999.85</span> | <span style="border: 1px solid black; padding: 2px;">166999.85</span> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |   |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 03 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 03 / 31 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

55134.98

149417.05

(ii) Unitemized .....

12664.82

69314.92

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

67799.80

218731.97

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

67799.80

218731.97

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

500.00

500.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

68299.80

219231.97

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

68299.80

219231.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 100.00                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 100.00                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 65500.00                      | 254000.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 540.02                            |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 540.02                            |
| 29. Other Disbursements .....  | 2500.00                       | 23000.00                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 68000.00                      | 277640.02                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 68000.00                      | 277640.02                         |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 67799.80                      | 218731.97                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 540.02                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 67799.80                      | 218191.95                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 0.00                          | 100.00                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 0.00                          | 100.00                            |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CARRIE RIVERS**

Mailing Address 6368 TIMBER TRACE

City

BROWNSBURG

State

IN

Zip Code

46112-8641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Hlthcare Econ

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2015

**Transaction ID : 37975709**

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

**B. CARRIE RIVERS**

Mailing Address 6368 TIMBER TRACE

City

BROWNSBURG

State

IN

Zip Code

46112-8641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Hlthcare Econ

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

278.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : 38033228**

Amount of Each Receipt this Period

4.56

Full Name (Last, First, Middle Initial)

**C. CHANTA COMBS**

Mailing Address 4229 SUMMERTREE DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32311-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4192.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2015

**Transaction ID : 38082483**

Amount of Each Receipt this Period

4000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

4050.19

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. WAYNE COOK**

Mailing Address 1022 GLENDEVON DRIVE

City State Zip Code  
 AMBLER PA 19002-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR1159812837577**

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. DAVID WICHMANN**

Mailing Address 7000 ANTRIM ROAD

City State Zip Code  
 EDINA MN 55439-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 PRES & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR1159814737577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. PATRICK ERLANDSON**

Mailing Address 1000 OLD LONG LAKE ROAD

City State Zip Code  
 WAYZATA MN 55391-9690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR1159815937577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

889.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM MUNSELL**

Mailing Address 2119 WINDSONG CIRCLE

City

WAYZATA

State

MN

Zip Code

55391-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Advsr to Office of CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1159816637577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JOHN PENSHORN**

Mailing Address 120 BLACK OAKS LANE

City

WAYZATA

State

MN

Zip Code

55391-1363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1159816937577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. PAUL KALLMEYER**

Mailing Address 468 HERALD DR

City

AMBLER

State

PA

Zip Code

19002-1530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1159817437577**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.60



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS QUIRK**

Mailing Address 4307 BEECHWOOD LANE

City

DALLAS

State

TX

Zip Code

75220-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1159819137577**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD MIGLIORI**

Mailing Address PO BOX 72

City

WAYZATA

State

MN

Zip Code

55391-0072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Consumr Hlth Med Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1159827437577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEANNINE RIVET**

Mailing Address 4305 TRILLIUM WAY

City

MINNETRISTA

State

MN

Zip Code

55364-7708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1159830037577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Mr. ANTHONY WELTERS**

Mailing Address 919 SAIGON ROAD

City  
MCLEAN

State Zip Code  
VA 22102-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Sr Advsr to Office of CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR1332013237577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL MATTEO**

Mailing Address 25 JEREMIAHS WAY

City  
SOUTH GLASTONBURY

State Zip Code  
CT 06073-3621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR1551133437577**

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN ENDERLE**

Mailing Address 31 ANDREIS TRAIL

City  
SOUTH WINDSOR

State Zip Code  
CT 06074-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR1554323537577**

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

725.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. KAREN ERICKSON**

Mailing Address 15348 RED OAKS ROAD SE

City  
PRIOR LAKE

State Zip Code  
MN 55372-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1575957637577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. ERNEST MONFILETTO**

Mailing Address 3062 COMFORT ROAD

City  
NEW HOPE

State Zip Code  
PA 18938-5622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1575958137577**

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. LEE VALENTA**

Mailing Address 4701 GOLF TERRACE

City  
EDINA

State Zip Code  
MN 55424-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Pres Lif Scis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1575958537577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

923.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. THOMAS PAUL**

Mailing Address 2006 QUEEN AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55405-2350

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

UHC Chief Cnsmr Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR1580864737577

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT WEBB**

Mailing Address 4516 DREXEL AVENUE

City State Zip Code  
 EDINA MN 55424-1130

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR1580865337577

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD HUGHES**

Mailing Address 735 SAINT MORITZ

City State Zip Code  
 VICTORIA MN 55386-3706

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP COO of Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR1596304137577

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

784.60

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THAD JOHNSON**

Mailing Address 9741 GLACIER BAY

City

EDEN PRAIRIE

State

MN

Zip Code

55347-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1596304337577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAY MATUSHAK**

Mailing Address 5501 LAKEVIEW DRIVE

City

EDINA

State

MN

Zip Code

55424-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1596304637577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL SCHUMACHER**

Mailing Address 5401 LARADA LANE

City

EDINA

State

MN

Zip Code

55436-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1596305437577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

662.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS LEWIS**

Mailing Address 306 CHIPPEWA AVENUE

City  
TAMPA

State  
FL

Zip Code  
33606-3614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1596306937577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT OBERRENDER**

Mailing Address 4505 MOORLAND AVENUE

City  
EDINA

State  
MN

Zip Code  
55424-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1596307037577**

Amount of Each Receipt this Period

220.00

P/R Deduction (\$110.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DIANE FLYNN**

Mailing Address 3318 FOXRIDGE CIRCLE

City  
TAMPA

State  
FL

Zip Code  
33618-2149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1596309737577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

490.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. ANNA KORINKO**

Mailing Address 5504 12TH AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55417-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR1596314837577

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KATHLEEN MALLATT**

Mailing Address 4304 SOUTH 167 AVENUE

City

OMAHA

State

NE

Zip Code

68135-1353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR1596315437577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL ROSENTHAL**

Mailing Address 109 SLEEPY HOLLOW LANE

City

ORINDA

State

CA

Zip Code

94563-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres Ntwk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR1596317337577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

634.22

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KEVIN RUTH**

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code  
 SILVER SPRING MD 20905-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP, Hlth Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR1596317437577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID STURKEY**

Mailing Address 1625 CONE FLOWER WAY

City State Zip Code  
 SUWANEE GA 30024-8576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR1596318437577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN DODDY**

Mailing Address 1 ROXITICUS VIEW

City State Zip Code  
 CHESTER NJ 07930-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR1600597337577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

348.30



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL MICHAUX**

Mailing Address 742 GOODRICH AVE

City  
SAINT PAUL

State Zip Code  
MN 55105-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP GM PCM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1600598537577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LEWIS SANDY**

Mailing Address 4800 SUNNYSLOPE ROAD E

City  
EDINA

State Zip Code  
MN 55424-1163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Clin Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1600598737577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MATTHEW PETERSON**

Mailing Address 20595 SPENCER LANE

City  
EXCELSIOR

State Zip Code  
MN 55331-4523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
CEO Ancillary & Ind/Sgt CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1602669937577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEFFREY MALONEY**

Mailing Address 18076 CLEAR SPRING LANE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-1078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

03 / 31 / 2015

Transaction ID : PR1613243537577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. THOMAS BELLAMY**

Mailing Address 2743 THOMAS AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55416-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Sls Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

03 / 31 / 2015

Transaction ID : PR1653444337577

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL SULLIVAN**

Mailing Address 57 QUORN HUNT ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

Transaction ID : PR1653445837577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

384.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH CORBIN**

Mailing Address 7985 LEA CIRCLE

City

BLOOMINGTON

State

MN

Zip Code

55438-1286

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Hlth Care Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1669432237577**

Amount of Each Receipt this Period

134.88

P/R Deduction (\$69.41 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM TALAMANTES**

Mailing Address 11618 ROLLING MEADOW DR

City

GREAT FALLS

State

VA

Zip Code

22066-1342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Six Sigma Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1806444737577**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL EMERSON**

Mailing Address 18855 MEADOW VIEW BLVD

City

PRIOR LAKE

State

MN

Zip Code

55372-3133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum360 Services Inc

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR1806750337577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

291.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CATHERINE ANDERSON**

Mailing Address 57 SIMMONS LANE

City

SEVERNA PARK

State

MD

Zip Code

21146-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR1903550737577

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SUSAN EDBERG**

Mailing Address 9727 WELLINGTON RIDGE

City

WOODBURY

State

MN

Zip Code

55125-9592

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR1903578137577

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER JOHNSON**

Mailing Address 12880 53RD STREET NORTH

City

STILLWATER

State

MN

Zip Code

55082-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR1903591137577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

472.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN SANTELLI

Mailing Address 20030 EXCELSIOR BLVD

City  
EXCELSIORState  
MNZip Code  
55331-8727FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
SVP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR1903622037577

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID HANSEN

Mailing Address 33 VIA CONOCIDO

City  
SAN CLEMENTEState  
CAZip Code  
92673-7044FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2119476737577

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SAMUEL HO

Mailing Address 4220 OCEAN DR

City  
MANHATTAN BEACHState  
CAZip Code  
90266-3059FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Mkt Grp Chief Clin Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2119477937577

Amount of Each Receipt this Period

307.60

P/R Deduction (\$153.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

777.60

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN JONES**

Mailing Address 3562 REDWOOD

City

IRVINE

State

CA

Zip Code

92606-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2119479237577**

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. AUSTIN PITTMAN**

Mailing Address 14 LOCH RIDGE DRIVE

City

GREENSBORO

State

NC

Zip Code

27408-3868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2119486737577**

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CYNTHIA POLICH**

Mailing Address 3401 E VIA PALOMITA

City

TUCSON

State

AZ

Zip Code

85718-3371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Strat Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2119486837577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

662.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. CHERYL TANIGAWA MD**

Mailing Address 5598 NAPLES CANAL

City

LONG BEACH

State

CA

Zip Code

90803-4018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Entrprs Hlth Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2119491137577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. STEVEN TUCKER**

Mailing Address 12331 COUNTRY LANE

City

SANTA ANA

State

CA

Zip Code

92705-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2119492037577**

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. SUSAN VANASTEN**

Mailing Address N2249 NICOLE COURT

City

KAUKAUNA

State

WI

Zip Code

54130-9462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Site Dir Medicr Ins Slis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2119492637577**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

464.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN J MASON**

Mailing Address PO BOX 2083

City  
CYPRESS

State Zip Code  
CA 90630-1583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2126373837577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. FORREST BURKE**

Mailing Address 380 LEAF STREET

City  
ORONO

State Zip Code  
MN 55356-9733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Pres PS Labor Trust

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2133132437577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BROR HULTGREN**

Mailing Address 408 22ND ST

City  
GOLDEN

State Zip Code  
CO 80401-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2133133237577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

776.90



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ALLEN MILLER**

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code  
EDINA MN 55436-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2133133637577**

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SUSAN MORISATO**

Mailing Address 238 ARDMORE ROAD

City State Zip Code  
DES PLAINES IL 60016-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Pres Insurance Sols

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2133133837577**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. T JEFFREY PUTNAM**

Mailing Address 303 ELMWOOD PLACE WEST

City State Zip Code  
MINNEAPOLIS MN 55419-1349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Fin Plng Anlys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2133134237577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

840.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. ROBERT FALKENBERG**

Mailing Address 6069 WEATHERED OAK CT

City

WESTERVILLE

State

OH

Zip Code

43082-8304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2145728437577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. DANNETTE SMITH**

Mailing Address 4200 ALDEN DRIVE

City

EDINA

State

MN

Zip Code

55416-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Deputy Gen Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2145729937577**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. MARGARET SPARKS**

Mailing Address 26091 RED CORRAL ROAD

City

LAGUNA HILLS

State

CA

Zip Code

92653-6310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Actuary

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2145730237577**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

562.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DAVID SPIVACK**

Mailing Address 37 HIDDEN TRAIL

City State Zip Code  
 IRVINE CA 92603-0212

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2162867637577

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTINE GIBSON**

Mailing Address 8516 29TH AVE N

City State Zip Code  
 NEW HOPE MN 55427-2622

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP Strat Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2225166737577

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEAN-FRANCOIS BEAULE**

Mailing Address 7 STRATFORD RD

City State Zip Code  
 FARMINGTON CT 06032-1444

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Hlth Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2225813637577

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

730.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL MCGUIRE**

Mailing Address 437 DRURY LANE

City

WYCKOFF

State

NJ

Zip Code

07481-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2225818837577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ERIC RANGEN**

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Chief Acctng Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2225819337577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN RYAN**

Mailing Address 45 WESTMORELAND LN

City

NAPERVILLE

State

IL

Zip Code

60540-5817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

RVP Clnt Mgmt Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2225819637577**

Amount of Each Receipt this Period

115.38

P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. ROY SAILOR**

Mailing Address 276 COYOTE WILLOW DRIVE

City State Zip Code  
 COLORADO SPRINGS CO 80921-7631

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2225819737577

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KAREN DIPALMO**

Mailing Address 7533 PRAIRIE VIEW DR

City State Zip Code  
 INDIANAPOLIS IN 46256-8408

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2231347237577

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DARRELL S RICHEY**

Mailing Address 10823 MOORS END CIRCLE

City State Zip Code  
 FISHERS IN 46038-2612

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2231352337577

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

373.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL CONNLY**

Mailing Address 570 MONTCALM PL

City  
SAINT PAUL

State Zip Code  
MN 55116-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Chief Tech Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2247625837577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOSEPH CARCIONE**

Mailing Address 11 CARRIAGE WAY

City  
WHITE PLAINS

State Zip Code  
NY 10605-5424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2247626837577**

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KEVIN KANTOLA**

Mailing Address 7031 HALSTEAD DRIVE

City  
MINNETRISTA

State Zip Code  
MN 55364-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2247627037577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

393.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. DENNIS O'BRIEN**

Mailing Address 61 LOUGHLIN AVE

City

COS COB

State

CT

Zip Code

06807-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2247627337577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JEFFERY VERNEY**

Mailing Address 266 WESTLEDGE ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2247627437577**

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. DANIEL OHMAN**

Mailing Address 8970 MOOR PARK RUN

City

DULUTH

State

GA

Zip Code

30097-6621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2247628037577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. JOHN PRINCE**

Mailing Address 546 HARRINGTON ROAD

City  
WAYZATA

State Zip Code  
MN 55391-1550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Mkt Group COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2259738437577**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. CHRISTOPHER CRONN**

Mailing Address 1122 COLORADO STREET  
SUITE 2399

City  
AUSTIN

State Zip Code  
TX 78701-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2270522937577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JAKE LOGAN**

Mailing Address 4826 EAST CALLE REDONDA

City  
PHOENIX

State Zip Code  
AZ 85018-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2402318237577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

463.22



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. JAMES BECKER**

Mailing Address 378 FERNDAL ROAD WEST

City State Zip Code  
 WAYZATA MN 55391-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2402445137577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JAMES COLEMAN**

Mailing Address 4720 WEST 66TH STREET

City State Zip Code  
 EDINA MN 55435-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Mkt Grp SVP, Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2402445237577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JOHN LARSEN**

Mailing Address 11688 TANGLEWOOD DRIVE

City State Zip Code  
 EDEN PRAIRIE MN 55347-4726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2402445637577**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

970.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOY HIGA**

Mailing Address 2208 ELM AVENUE

City State Zip Code  
 MANHATTAN BEACH CA 90266-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 31 / 2015

Transaction ID : PR2402446237577

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CORY ALEXANDER**

Mailing Address 4203 BRADLEY LANE

City State Zip Code  
 CHEVY CHASE MD 20815-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 EVP External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

03 / 31 / 2015

Transaction ID : PR2405428837577

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PETER WALSH**

Mailing Address 495 HIGHCROFT ROAD

City State Zip Code  
 WAYZATA MN 55391-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

03 / 31 / 2015

Transaction ID : PR2405431137577

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

638.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM HAGAN**

Mailing Address 6536 E GREYTHORN DRIVE

City State Zip Code  
 SCOTTSDALE AZ 85266-6761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : PR2437120037577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. PAUL BALTHAZOR**

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code  
 BROOKLYN PARK MN 55443-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : PR2437120737577**

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. LAURA NESS**

Mailing Address 10550 PINNACLE WAY

City State Zip Code  
 WOODBURY MN 55129-4282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : PR2437121537577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

274.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. JOHN COSGRIFF

Mailing Address 1837 SUMMIT LANE

City

MENDOTA HEIGHTS

State

MN

Zip Code

55118-4137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2437121637577

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PETER RAINEY

Mailing Address 3115 WEST 47 STREET

City

MINNEAPOLIS

State

MN

Zip Code

55410-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2437127537577

Amount of Each Receipt this Period

230.00

P/R Deduction (\$115.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROBIN LIPPERT

Mailing Address UNIT 9600 BOX 2

City

DPO

State

AP

Zip Code

96209-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP External Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2439928037577

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

999.22

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. STEPHEN HEYMAN**

Mailing Address 5300 SHERRILL AVENUE

City

CHEVY CHASE

State

MD

Zip Code

20815-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 31    | / | 2015        |

**Transaction ID : PR2444265737577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. AMY ADLINGTON SHKABERIN**

Mailing Address 4329 EWING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55410-1342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 31    | / | 2015        |

**Transaction ID : PR2445016437577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK DUHAIME**

Mailing Address 5781 RUBY DRIVE

City

TROY

State

MI

Zip Code

48085-3922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Mkt Grp CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 31    | / | 2015        |

**Transaction ID : PR2445016937577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

584.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DAVID SIEGEL**

Mailing Address 264 LAKEWOOD DRIVE

City State Zip Code  
 BLOOMFIELD HILLS MI 48304-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2445017137577**

Amount of Each Receipt this Period

91.26

P/R Deduction (\$45.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LARRY RENFRO**

Mailing Address 5 DOVE LANE

City State Zip Code  
 ANDOVER MA 01810-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VICE CHAIRMAN & CEO Optum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2460168137577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DAVID ORBUCH**

Mailing Address 3370 SYCAMORE LANE

City State Zip Code  
 PLYMOUTH MN 55441-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2460168237577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

668.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 39 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ERIC WEXLER**

Mailing Address 7220 WILLOW OAK DR

City State Zip Code  
WEST BLOOMFIELD MI 48324-3081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2015

**Transaction ID : PR2463723137577**

Amount of Each Receipt this Period

64.00

P/R Deduction (\$32.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SUE SCHICK**

Mailing Address 1220 DENBIGH LANE

City State Zip Code  
WAYNE PA 19087-4644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2015

**Transaction ID : PR2480620537577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LILLIAN HECKMAN**

Mailing Address 552 DEER LAKE CIRCLE

City State Zip Code  
BLUE BELL PA 19422-1371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2015

**Transaction ID : PR2484542137577**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

508.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MARK PHILLIPS**

Mailing Address 1760 LUCY RIDGE CT

City  
CHANHASSEN

State Zip Code  
MN 55317-7661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2484542637577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JERI KUBICKI**

Mailing Address 7659 COLDSTREAM DRIVE

City  
CINCINNATI

State Zip Code  
OH 45255-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2486697837577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. THOMAS MANDERFELD**

Mailing Address 3760 WEST CALHOUN PARKWAY

City  
MINNEAPOLIS

State Zip Code  
MN 55410-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Capital Mkt Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2486697937577**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

656.90



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. DIRK MCMAHON**

Mailing Address 60 WILDHURST ROAD

City  
EXCELSIOR

State Zip Code  
MN 55331-8461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
EVP ENTRPRS OPS/TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2491457037577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. DONALD NATHAN**

Mailing Address 275 GREENWICH STREET #30

City  
NEW YORK

State Zip Code  
NY 10007-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Chief Comm Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2491457337577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. KATHRYN SULLIVAN**

Mailing Address 530 N LAKE SHORE DR # 2309

City  
CHICAGO

State Zip Code  
IL 60611-7435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
CEO E&I Regions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2491457537577**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

778.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. **MICHAEL HARTLEY**

Mailing Address 4313 MORNINGSIDE ROAD

City State Zip Code  
 EDINA MN 55416-5031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2538641337577

Amount of Each Receipt this Period

2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **KARA SMITH**

Mailing Address 610 CRESTWOOD DRIVE

City State Zip Code  
 ALEXANDRIA VA 22302-2533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2540175337577

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **HYLLIUS EDWARDS**

Mailing Address PO BOX 44246

City State Zip Code  
 DENVER CO 80201-4246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHC International Services Inc

Occupation  
External Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2541300437577

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2984.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. PATRICIA PURDY**

Mailing Address 7417 LYNNHURST STREET

City State Zip Code  
 CHEVY CHASE MD 20815-3101

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2541300637577

Amount of Each Receipt this Period

196.30

P/R Deduction (\$98.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOELLE TIERNEY**

Mailing Address 5710 TAYCHOPERA RD

City State Zip Code  
 MADISON WI 53705-1020

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2541300737577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN VERSAGGI**

Mailing Address 800 ALBANY AVENUE

City State Zip Code  
 ALEXANDRIA VA 22302-3501

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2541300837577

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

465.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BRENDAN HOSTETLER**

Mailing Address 2309 W WINNEMAC AVE

City  
CHICAGO

State  
IL

Zip Code  
60625-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2542541937577**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD RAMSAY**

Mailing Address 543 E LURAY AVE

City

ALEXANDRIA

State

VA

Zip Code

22301-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2542542237577**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. IPYANA SPENCER**

Mailing Address 4226 40TH STREET NORTH

City

ARLINGTON

State

VA

Zip Code

22207-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2542542337577**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CHANTA COMBS**

Mailing Address 4229 SUMMERTREE DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32311-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2552313537577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEANNE PACE**

Mailing Address 458 MORENO ROAD

City

WYNNEWOOD

State

PA

Zip Code

19096-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Sr Acct Exe

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2552313737577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY ALTER**

Mailing Address 3 WOODLAND ROAD

City

PORT JEFFERSON

State

NY

Zip Code

11777-1053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2552960237577

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

539.52

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEREMY BRYANT**

Mailing Address 11700 ARBORHILL DRIVE

City  
ZIONSVILLE

State  
IN

Zip Code  
46077-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2552961337577**

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SCOTT FLANNERY**

Mailing Address 8508 TRELADY CT

City  
PLANO

State  
TX

Zip Code  
75024-6827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2552962337577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CLAIRE HANNAN**

Mailing Address 25932 PORTAFINO DRIVE

City  
MISSION VIEJO

State  
CA

Zip Code  
92691-5716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2552962737577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

226.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. GREGORY JAMES**

Mailing Address 2323 KINGS POINT DRIVE

City

LARGO

State

FL

Zip Code

33774-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2552963237577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BARRY STREIT**

Mailing Address 5421 KELLOGG AVENUE

City

EDINA

State

MN

Zip Code

55424-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

RVP Medic Field SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2552966737577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MONICA RAYBURN**

Mailing Address 688 WEST SYCAMORE

City

VERNON HILLS

State

IL

Zip Code

60061-1084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2553475137577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

348.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. RICHARD THOMAS**

Mailing Address 5121 DUPONT AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55419-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2553475437577**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. DENEEN VOJTA**

Mailing Address 5201 KELLOGG AVENUE

City State Zip Code  
 EDINA MN 55424-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Bus Initiv Clin Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2553475537577**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. KARSTEN FLAGSTAD**

Mailing Address 13420 JAY ST NW

City State Zip Code  
 ANDOVER MN 55304-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2554013037577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ALICE FERREIRA**

Mailing Address 18 BRITTANY AVENUE

City  
TRUMBULL

State Zip Code  
CT 06611-1105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2554208137577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL CLUTE**

Mailing Address 7756 N 85TH STREET

City  
OMAHA

State Zip Code  
NE 68122-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2560064437577**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DONALD GIANCURSIO**

Mailing Address 72 MIDNIGHT RIDGE DR

City  
LAS VEGAS

State Zip Code  
NV 89135-1680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Plan of Nevada

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2560064937577**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

656.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JERI JONES**

Mailing Address 512 W ORANGEWOOD AVE

City  
PHOENIXState  
AZZip Code  
85021-7252FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2560065137577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SHELDON LIPPMAN**

Mailing Address 55 CLIFFFIELD ROAD

City  
BEDFORDState  
NYZip Code  
10506-1210FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2560065437577

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY LUCHT**

Mailing Address 191 MAIN ST

City  
SOUTH GLASTONBURYState  
CTZip Code  
06073-3004FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Act Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2560065637577

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

580.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DAVID MILICH**

Mailing Address 2702 BIRCHMERE COURT

City  
KATYState  
TXZip Code  
77450-1303FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2560066037577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TIMOTHY NOEL**

Mailing Address 4408 THOMAS AVE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55410-1968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Prd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2560398837577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES CRONIN**

Mailing Address 241 WALLACE RD

City

BEDFORD

State

NH

Zip Code

03110-5144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2560821137577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

462.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BRIAN LUND**

Mailing Address 464 EAST NORTH AVE

City

GRANTSBURG

State

WI

Zip Code

54840-7423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2561457637577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LARRY W CAVANAUGH**

Mailing Address 520 NE 20TH ST # 1010

City

WILTON MANORS

State

FL

Zip Code

33305-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Spc Ben Govt Dntl Sls Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2563211037577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JENNIFER F WALSH**

Mailing Address 1101 ROBERTA COURT

City

MCLEAN

State

VA

Zip Code

22101-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2564296837577**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ANDREW MACKENZIE**

Mailing Address 1912 IRVING AVE S

City  
MINNEAPOLIS

State Zip Code  
MN 55403-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2564297137577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEPHEN SWANSON**

Mailing Address 3001 HUNTINGTON COURT

City  
KATY

State Zip Code  
TX 77493-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2564297337577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. HARVEY BALTHASER**

Mailing Address 3103 FLEECE FLOWER COVE

City  
AUSTIN

State Zip Code  
TX 78735-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2564297537577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

356.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. STEVEN WALLI**

Mailing Address 18615 CHARLEVOIX LANE

City State Zip Code  
 CHESTERFIELD MO 63005-6200

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2564297637577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PAUL HANSEN**

Mailing Address 18430 62ND PLACE NORTH

City State Zip Code  
 MAPLE GROVE MN 55311-4585

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Controller Mkt Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2564802737577

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHERINE KENNY**

Mailing Address 22408 FITZGERALD DRIVE

City State Zip Code  
 LAYTONSVILLE MD 20882-2301

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SB VP of Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2564803237577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

348.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PAUL MARDEN**

Mailing Address 718 HICKORY HILL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2015

Transaction ID : PR2564803337577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DARREN MOQUIST**

Mailing Address 1200 NICOLLET MALL #507

City

MINNEAPOLIS

State

MN

Zip Code

55403-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.12

Date of Receipt

03 / 31 / 2015

Transaction ID : PR2564803437577

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TAMMY O'HARE**

Mailing Address 2420 SAINT GEORGE WAY

City

BROOKEVILLE

State

MD

Zip Code

20833-3265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2015

Transaction ID : PR2564803937577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

348.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DEBRA BERNIS**

Mailing Address 3209 GALLERIA  
UNIT 1705

City State Zip Code  
EDINA MN 55435-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Compliance/Ethics Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2564804037577

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KATHRYN RUBIN**

Mailing Address 310 SYCAMORE LANE

City State Zip Code  
PLYMOUTH MN 55441-5615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Social Resp/Pres Found

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2564804337577

Amount of Each Receipt this Period

105.46

P/R Deduction (\$105.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TIMOTHY WICKS**

Mailing Address PO BOX 44518

City State Zip Code  
EDEN PRAIRIE MN 55344-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2565448637577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

376.38

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. WENDY ARNONE**

Mailing Address 5243 E DESERT PARK LANE

City State Zip Code  
 PARADISE VALLEY AZ 85253-3015

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2568900537577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER PARRILLO**

Mailing Address 9501 WEXCROFT DRIVE

City State Zip Code  
 BRENTWOOD TN 37027-3824

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2571778237577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRUCE MOYER**

Mailing Address 18426 MAGENTA BAY

City State Zip Code  
 EDEN PRAIRIE MN 55347-1051

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2571778337577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

347.22

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KEVIN CARLSON

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City State Zip Code  
EDINA MN 55424-1170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2572590037577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DIANE FELDER

Mailing Address 17406 LEDGEFIELD

City State Zip Code  
CYPRESS TX 77433-2064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Behvrl Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2572590837577

Amount of Each Receipt this Period

125.00

P/R Deduction (\$62.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THERESA CLARKE

Mailing Address 16652 1/2 GRAND AVE

City State Zip Code  
BELLFLOWER CA 90706-5038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Assc Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2572591137577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

281.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS WIFFLER**

Mailing Address 1421 SOMERFIELD DRIVE

City

BOLINGBROOK

State

IL

Zip Code

60490-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment COO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2572992737577

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. HEATHER CIANFROCCO**

Mailing Address 2799 WEST BARDONNER ROAD

City

GIBSONIA

State

PA

Zip Code

15044-8462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2574986237577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMIE BURNETT**

Mailing Address 4625 EWING AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55410-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2574988237577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

464.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. LORI VAN HOLMES**

Mailing Address 4117 BRYANT AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55409-1423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Human Capital Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2575030937577**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JENNIFER O'BRIEN**

Mailing Address 4371 BENT TREE LANE

City State Zip Code  
 EAGAN MN 55123-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Chief Compli Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2575034537577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. VIVIAN LINDSAY**

Mailing Address 14930 SW 39 ST

City State Zip Code  
 DAVIE FL 33331-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2575054937577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

770.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CARY MCCARTY**

Mailing Address 8800 RUMFIELD RD

City State Zip Code  
NORTH RICHLAND HILLS TX 76182-6131

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2575059437577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SANDRA NICHOLS**

Mailing Address 12706 YOUNG LANE

City State Zip Code  
NORTH POTOMAC MD 20878-6112

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Shared Svs Regn CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2575074537577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KAREN UPCHURCH**

Mailing Address 6403 GEMINATA OAK CT

City State Zip Code  
PALM BEACH GARDENS FL 33410-3242

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2575084437577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

347.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. GLEN GOLEMI**

Mailing Address 1203 RUE DEGAS

City

MANDEVILLE

State

LA

Zip Code

70471-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575098837577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RON JONES**

Mailing Address 10066 ESCAMBIA BAY CT

City

NAPLES

State

FL

Zip Code

34120-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum360 Services Inc

Occupation

SVP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575163537577

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SCOTT CASSANO**

Mailing Address 4855 BUCKHORN BUTTE COURT

City

LAS VEGAS

State

NV

Zip Code

89149-5258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

Dir Prov Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575164437577

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

526.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS MCGUIRE**

Mailing Address 41 CUMBERLAND ROAD

City

WEST HARTFORD

State

CT

Zip Code

06119-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575185437577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL PATRICK STAMM**

Mailing Address 6721 MOSSY GLEN DR

City

FORT MYERS

State

FL

Zip Code

33908-4771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575194637577**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL STORDAHL**

Mailing Address 7001 W 175TH AVENUE

City

EDEN PRAIRIE

State

MN

Zip Code

55346-2161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.41

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575213037577**

Amount of Each Receipt this Period

91.26

P/R Deduction (\$45.63 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

363.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MATTHEW SHORS**

Mailing Address 4649 EWING AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55410-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR257522337577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. ANDREW SEKEL**

Mailing Address 6010 LONESOME VALLEY TRAIL

City State Zip Code  
 AUSTIN TX 78731-3749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 CEO Spclty Ntwk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2575223737577**

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. HOWARD GILPIN JR**

Mailing Address 1210 SHEPARD DRIVE

City State Zip Code  
 BLUE BELL PA 19422-3481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Dir Act Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2575224937577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

424.14



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS CHOATE**

Mailing Address 209 SOUTHPOND RD

City State Zip Code  
 GLASTONBURY CT 06033-1712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : PR2575247837577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SCOTT DICKSON**

Mailing Address 909 OAKWOOD AV

City State Zip Code  
 FULLERTON CA 92835-2719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : PR2575293237577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS BEAUREGARD**

Mailing Address 161 SPRING VALLEY ROAD

City State Zip Code  
 RIDGEFIELD CT 06877-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Pres United Essentials

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : PR2575295137577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

538.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SCOTT HEWITT**

Mailing Address 1443 RAYMOND AVE

City  
SAINT PAUL

State Zip Code  
MN 55108-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575296737577**

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRANDON CUEVAS**

Mailing Address 25 STRATHMORE

City  
LADERA RANCH

State Zip Code  
CA 92694-0549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575305637577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY GOLDBERG**

Mailing Address 3410 BRADLEY LANE

City  
CHEVY CHASE

State Zip Code  
MD 20815-3262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Strat Clnt Rel Ex Optuml

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575326937577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

635.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL TELESKY**

Mailing Address 2602 PENNINGTON PLACE

City

VALPARAISO

State

IN

Zip Code

46383-9163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Sls Acct Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575350937577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. YASMINE WINKLER**

Mailing Address 1429 WEST WIGWAM TRAIL

City

MOUNT PROSPECT

State

IL

Zip Code

60056-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575390937577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CAROL GOTHARD**

Mailing Address 16492 BROOKLANE BOULEVARD

City

NORTHVILLE

State

MI

Zip Code

48168-8417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Fin

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575419137577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

231.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JERI LOSE**

Mailing Address 9995 DELL ROAD

City State Zip Code  
 EDEN PRAIRIE MN 55347-3524

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2575419837577

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KARIN O'HARA**

Mailing Address 1431 HENRY COURT

City State Zip Code  
 CHANHASSEN MN 55317-2200

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Acctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2575428737577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TIMOTHY SPILKER**

Mailing Address 9801 MOHAWK LANE

City State Zip Code  
 LEAWOOD KS 66206-2432

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 31 2015

Transaction ID : PR2575446337577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

353.84

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN HAMILTON

Mailing Address 811 GOLDENROD

City

KYLE

State

TX

Zip Code

78640-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Service Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575489437577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MOLLY JOSEPH

Mailing Address 2711 CRESCENT RIDGE ROAD

City

MINNETONKA

State

MN

Zip Code

55305-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575521737577

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAUL HEBERT

Mailing Address 13 GOVERNORS ROW

City

WEST HARTFORD

State

CT

Zip Code

06117-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575522337577

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

826.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS HAMLIN**

Mailing Address 2800 NEWMAN

City  
HOUSTON

State  
TX

Zip Code  
77098-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Sr Behvrl Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575536237577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CURTIS MOCK**

Mailing Address 23 KELTON STREET

City  
REHOBOTH

State  
MA

Zip Code  
02769-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575579237577**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ELIZABETH WINSOR**

Mailing Address 57 WILDERS PASS

City  
CANTON

State  
CT

Zip Code  
06019-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
CEO NA Acct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575582837577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

469.22

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL PETEROY**

Mailing Address 1004 PHILLIPS STREET

City  
VISTA

State  
CA

Zip Code  
92083-7171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575585637577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KATHLEEN DWYER**

Mailing Address 4852 EXCALIBUR DRIVE

City  
SYRACUSE

State  
NY

Zip Code  
13215-9317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Assc Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575590637577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LISA IVERSON**

Mailing Address 13341 CARRACH AVENUE

City  
ROSEMOUNT

State  
MN

Zip Code  
55068-4774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575603237577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

231.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BRIAN THOMPSON**

Mailing Address 17829 63RD AVE N

City

MAPLE GROVE

State

MN

Zip Code

55311-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575634637577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TERRENCE CLARK**

Mailing Address 8 COOPER AVENUE

City

EDINA

State

MN

Zip Code

55436-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575636937577**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BENTON DAVIS**

Mailing Address 9825 NORTH 53RD PLACE

City

PARADISE VALLEY

State

AZ

Zip Code

85253-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP GM Clin Comnty Ntwk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575639237577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

463.22



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. CRAIG HERMAN**

Mailing Address 9609 WYOMING CIRCLE

City State Zip Code  
BLOOMINGTON MN 55438-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575650237577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. RONALD GONG**

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City State Zip Code  
HACIENDA HEIGHTS CA 91745-5739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
M R Sls Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575651537577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. ELENA MCFANN**

Mailing Address 18925 24TH AVENUE NORTH

City State Zip Code  
PLYMOUTH MN 55447-2072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575654737577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

347.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CARL ALLEN**

Mailing Address 8675 AZURE SKY DRIVE

City  
LAS VEGAS

State Zip Code  
NV 89129-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Medical Assoc. Inc.

Occupation  
Phys Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575669337577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PATRICK MOESCHLER**

Mailing Address 10940 E TIERRA DR

City  
SCOTTSDALE

State Zip Code  
AZ 85259-5730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575676137577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRADY PRIEST**

Mailing Address 4401 COUNTRY CLUB RD

City  
EDINA

State Zip Code  
MN 55424-1148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575677237577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

348.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER STIDMAN**

Mailing Address 6504 CHEROKEE TRAIL

City

EDINA

State

MN

Zip Code

55439-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575683837577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEPHEN FARRELL**

Mailing Address 50 MAJOR DOANE RD

City

WELLFLEET

State

MA

Zip Code

02667-7836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575696237577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ELIZABETH PROKOCKI**

Mailing Address 9746 SUNSET HILL DR

City

LONE TREE

State

CO

Zip Code

80124-6720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575705837577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

461.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. D ELLEN WILSON**

Mailing Address 400 STUART STREET  
25D

City State Zip Code  
BOSTON MA 02116-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575708837577**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MOLLY KNORR**

Mailing Address 1144 PROSPECT AVENUE

City State Zip Code  
HARTFORD CT 06105-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575735437577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CARLOS E ADAME**

Mailing Address 42584 WHISTLE COURT

City State Zip Code  
TEMECULA CA 92592-7105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575755437577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

348.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. LAURIE RUSSELL**

Mailing Address 3108 SONIA DRIVE

City  
LAS VEGAS

State Zip Code  
NV 89107-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575812137577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SAMUEL MECKEY**

Mailing Address 1828 WYNDAM DRIVE

City  
SHAKOPEE

State Zip Code  
MN 55379-5437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575814537577

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WILLIAM MILLER**

Mailing Address 26104 WEST 108 TERRACE

City  
OLATHE

State Zip Code  
KS 66061-7522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575819837577

Amount of Each Receipt this Period

176.94

P/R Deduction (\$88.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

454.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PHILIP KAUFMAN**

Mailing Address 1680 NORTH FARM ROAD

City  
ORONO

State  
MN

Zip Code  
55356-9309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO Spclty Ben Visn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575829837577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHELLE HUNTLEY**

Mailing Address 19503 HARMONY AVE

City  
ROGERS

State  
MN

Zip Code  
55374-4843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.72

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575832037577**

Amount of Each Receipt this Period

83.30

P/R Deduction (\$41.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. EDWARD SKOPAS**

Mailing Address 43 JOEL DR

City  
HEBRON

State  
CT

Zip Code  
06248-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Grp CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2575842737577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

353.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WILLIAM GOLDEN**

Mailing Address 106 SOUND COURT

City

NORTHPORT

State

NY

Zip Code

11768-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575859337577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PATRICK LANGAN**

Mailing Address 405 MEADOW LANE

City

BENSON

State

MN

Zip Code

56215-1033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575885037577

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL MEDEIROS**

Mailing Address 7112 LANGMUIR DRIVE

City

MCKINNEY

State

TX

Zip Code

75071-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Clnt Mgmt NA Accts

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575930637577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

464.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. RICHARD MATTERA**

Mailing Address 483 HIGHCROFT ROAD

City

WAYZATA

State

MN

Zip Code

55391-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575938437577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARC SALINAS**

Mailing Address 1630 ROCK RIDGE DRIVE

City

PROSPER

State

TX

Zip Code

75078-9728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575967937577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JUDITH PERLMAN**

Mailing Address 116 CANTERBURY LANE  
PO BOX 2108

City

VINEYARD HAVEN

State

MA

Zip Code

02568-5659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2575968937577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.60



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. MARK LEENAY**

Mailing Address 29 UNION TERRACE LN N

City  
PLYMOUTHState  
MNZip Code  
55441-6232FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHC International Services Inc

Occupation

NA Med Dir/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575982837577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID LAUTH**

Mailing Address 5109 EMERSON AV S

City  
MINNEAPOLISState  
MNZip Code  
55419-1155FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.59

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2575991137577

Amount of Each Receipt this Period

7.92

P/R Deduction (\$3.96 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARC BRIGGS**

Mailing Address 1608 RED TREE CT

City  
DRAPERState  
UTZip Code  
84020-7704FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2576001637577

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

165.92

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN SCOTT

Mailing Address 4574 VIA DON LUIS

City State Zip Code  
NEWBURY PARK CA 91320-6905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2576018637577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID SANN

Mailing Address 8326 ELKO DRIVE

City State Zip Code  
ELLICOTT CITY MD 21043-6913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2576026437577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAY WARMUTH

Mailing Address 16215 GRABEN COURT

City State Zip Code  
EDEN PRAIRIE MN 55346-2331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2576040037577

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

231.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. GAYLE ADAMS**

Mailing Address 39 CANYON RIDGE DRIVE

City

SANDIA PARK

State

NM

Zip Code

87047-8509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2576040337577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. RHONDA MEDOWS**

Mailing Address 7707 WISCONSIN AVENUE  
APT # 530

City

BETHESDA

State

MD

Zip Code

20814-6547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Chief Med Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2576040437577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. KEVIN KANDALRAFT**

Mailing Address 3 METATE DRIVE

City

SANDIA PARK

State

NM

Zip Code

87047-8508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2576043637577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

461.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. KENT MONICAL**

Mailing Address 9795 E PIEDRA DRIVE

City State Zip Code  
 SCOTTSDALE AZ 85255-9231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Prd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2576051337577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. RESTOR JOHNSON**

Mailing Address 2700 CRESCENT RIDGE ROAD

City State Zip Code  
 MINNETONKA MN 55305-2806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Entrprs Real Estate Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2576051637577**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JOHN REX**

Mailing Address 503 HARRINGTON ROAD

City State Zip Code  
 WAYZATA MN 55391-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Mkt Group CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2576060037577**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

656.92

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

### A. LANCE NOVAK

Mailing Address 17035 41ST PLACE N

City  
PLYMOUTH

State Zip Code  
MN 55446-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2576073537577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

### B. DARRIN JOHNSON

Mailing Address 108 SUMMERBROOKE COURT

City  
SICKLERVILLE

State Zip Code  
NJ 08081-9685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2576103737577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

### C. MARGARET OHME

Mailing Address 3543 STEBNER RD

City  
HERMANTOWN

State Zip Code  
MN 55811-3714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2576104037577

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

253.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. TIFFANY DIAMOND**

Mailing Address 5 HARVEY DRIVE

City

GOFFSTOWN

State

NH

Zip Code

03045-2315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2576105537577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. CHRIS KENT**

Mailing Address 13273 CARLINGFORD LANE

City

ROSEMOUNT

State

MN

Zip Code

55068-6308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2576119037577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. CHANDRA TORGERSON**

Mailing Address 5433 10TH AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55417-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Med Clin Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2576128637577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

231.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL DIOGUARDI**

Mailing Address 4336 YATES STREET

City  
DENVER

State  
CO

Zip Code  
80212-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2576131937577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEVEN NELSON**

Mailing Address 640 LOCUST HILLS DRIVE

City  
WAYZATA

State  
MN

Zip Code  
55391-1973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2576144837577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN FRIDNER**

Mailing Address 782 PENFIELD DR

City  
CAROL STREAM

State  
IL

Zip Code  
60188-4738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SB NA VP Sls/Gen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2576147537577**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

539.52

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS ELLIOTT**

Mailing Address 1880 SUGARLOAF CLUB DR

City  
DULUTH

State Zip Code  
GA 30097-7451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2576313337577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL KENIRY**

Mailing Address 5553 LITTLE FALLS ROAD

City  
ARLINGTON

State Zip Code  
VA 22207-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2577379337577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DEMETRIOS KOUZOUKAS**

Mailing Address 15552 57TH PLACE N

City  
PLYMOUTH

State Zip Code  
MN 55446-3737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2578740437577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

769.20



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. LAURA CIAVOLA**

Mailing Address 1686 WILDFIRE LANE

City  
FRISCO

State  
TX

Zip Code  
75033-7325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2578824337577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. NATHANAEL BUSBEE**

Mailing Address 611 ORPINGTON RD

City

BALTIMORE

State

MD

Zip Code

21229-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2578826737577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JAY COHEN**

Mailing Address 2613 VICTORIA DR

City

LAGUNA BEACH

State

CA

Zip Code

92651-3948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

CEO Med Grp Physn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2578829637577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

653.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LAURA GROSCHEN**

Mailing Address 3872 KENNET CIRCLE

City State Zip Code  
 EAGAN MN 55123-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2595230937577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SHERRI GIORGIO**

Mailing Address 311 WHITWORTH WAY

City State Zip Code  
 NASHVILLE TN 37205-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2600648937577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WESTON SCOTT**

Mailing Address 4114 MEDICAL DRIVE 22207

City State Zip Code  
 SAN ANTONIO TX 78229-5667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.39

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2601125337577**

Amount of Each Receipt this Period

61.54

P/R Deduction (\$30.77 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

523.06

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MARIANNE SHORT**

Mailing Address 2215 SUMMIT AVENUE

City  
SAINT PAUL

State Zip Code  
MN 55105-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
EVP Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

**Transaction ID : PR2601133537577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. AMY SWANSON**

Mailing Address 621 SPARROW WAY

City  
WADSWORTH

State Zip Code  
OH 44281-7716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

**Transaction ID : PR2601140737577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL CHRIST**

Mailing Address 23 BRIARWOOD ROAD

City  
WEST HARTFORD

State Zip Code  
CT 06107-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

**Transaction ID : PR2601156937577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

653.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 OF 111

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KATHRYN HAYLEY**

Mailing Address 7 BRIARWOOD LANE

City  
LINCOLNSHIRE

State  
IL

Zip Code  
60069-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Clin Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2601169037577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROGER RODRIGUEZ**

Mailing Address 10501 SW 102 AVENUE

City  
MIAMI

State  
FL

Zip Code  
33176-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2601176837577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARC KAPROW**

Mailing Address 5079 SW 89TH AVE

City  
COOPER CITY

State  
FL

Zip Code  
33328-3636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2601179037577**

Amount of Each Receipt this Period

78.88

P/R Deduction (\$39.44 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

348.10

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 111

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KELLY DAVIS**

Mailing Address 12013 TALIESIN PLACE  
UNIT 22

City State Zip Code  
RESTON VA 20190-3338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2605734237577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TRACY MALONE**

Mailing Address 900 S 22ND ST

City State Zip Code  
ARLINGTON VA 22202-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
External Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2605736937577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WILLIAM KIEFER**

Mailing Address 101 MAIN STREET NE #4

City State Zip Code  
MINNEAPOLIS MN 55413-4502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
SVP Strat Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2605755637577

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

384.60

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

### A. GLORIA AUSTIN

Mailing Address 1547 HARVARD AVENUE

City State Zip Code  
SALT LAKE CITY UT 84105-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2605757437577

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

### B. MICHAEL WEISSEL

Mailing Address 99 HAGEN ROAD

City State Zip Code  
NEWTON MA 02459-2731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2606842937577

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

### C. JOHN MATECZUN

Mailing Address 700 SAINT GEORGE BARBER ROAD

City State Zip Code  
DAVIDSONVILLE MD 21035-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Pres M&V

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

Transaction ID : PR2606845137577

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

807.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS ZIESMANN**

Mailing Address 2004 ESTES PARK ROAD

City  
SOUTHLAKE

State Zip Code  
TX 76092-3855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2606854437577**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SHELLEY KENNEDY**

Mailing Address 706 SUE BARNETT

City  
HOUSTON

State Zip Code  
TX 77018-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Service Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2607803037577**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LISA LANDO**

Mailing Address 60 PINEAPPLE STREET  
APT 3J

City  
BROOKLYN

State Zip Code  
NY 11201-6839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : PR2608059537577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

369.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. VIRGINIA FLYNN**

Mailing Address 30 VAN TERRACE

City

SPARKILL

State

NY

Zip Code

10976-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2608061237577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SANDRA FERGUSON**

Mailing Address 710 SOUTH SHERATON DRIVE

City

AKRON

State

OH

Zip Code

44319-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Med Clin Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2608061937577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES W EPEL**

Mailing Address 4118 SUNNYSIDE ROAD

City

EDINA

State

MN

Zip Code

55424-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2612532537577

Amount of Each Receipt this Period

96.15

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ABIGAIL VAIL**

Mailing Address 3653 DWIGHT DAVIS DR

City

TALLAHASSEE

State

FL

Zip Code

32312-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2614315637577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RANDALL SOLOMON**

Mailing Address 760 HAIGHT STREET

City

SAN FRANCISCO

State

CA

Zip Code

94117-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Behvrl Med Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2615671537577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL BIRNBAUM**

Mailing Address 55 DEAN STREET

City

BROOKLYN

State

NY

Zip Code

11201-6245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : PR2615671637577

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ROBERT OSTRANDER**

Mailing Address 143 SOUTH VIRGINIA AVENUE

City State Zip Code  
 FALLS CHURCH VA 22046-4127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : PR2615960637577**

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARK JOHNSON**

Mailing Address 10529 MOUNT CURVE ROAD

City State Zip Code  
 EDEN PRAIRIE MN 55347-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : PR2617933937577**

Amount of Each Receipt this Period

92.30

P/R Deduction (\$46.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOLENE GARELLI**

Mailing Address 9 PROSPECT VIEW DRIVE

City State Zip Code  
 DUMMERSTON VT 05301-8875

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 IT Proj Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : PR2622559237577**

Amount of Each Receipt this Period

91.26

P/R Deduction (\$45.63 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

548.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. PETER JACOBY**

Mailing Address 6203 STONEHAM LANE

City State Zip Code  
 MCLEAN VA 22101-2342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2623707537577**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. REBECCA MULES**

Mailing Address 660 DOVER STREET

City State Zip Code  
 BALTIMORE MD 21230-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2624442637577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JENIFER FULLER JESSEP**

Mailing Address 14320 KEITH COURT

City State Zip Code  
 BROOMFIELD CO 80023-9584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2624445437577**

Amount of Each Receipt this Period

115.38

P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. CHRISTOPHER COLLETTE**

Mailing Address 786 CAMBERWELL DRIVE

City State Zip Code  
 EAGAN MN 55123-3939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2625499537577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. LISA SMITH**

Mailing Address 5403 WOODDALE AVENUE EDINA MN

City State Zip Code  
 EDINA MN 55424-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2625503737577**

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. WESLEY COWEN**

Mailing Address 44 PEACHTREE PL NW #1921

City State Zip Code  
 ATLANTA GA 30309-5414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2015

**Transaction ID : PR2625532337577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

518.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GREGORY HINES**

Mailing Address 3660 SILVERWOOD RD

City State Zip Code  
 WEST SACRAMENTO CA 95691-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2626886537577**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LAMBERT VAN DER WALDE**

Mailing Address 45 AUDUBON CAUSEWAY

City State Zip Code  
 LANTANA FL 33462-4756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SVP Hlth Reform/Modernizatn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2015

**Transaction ID : PR2628332337577**

Amount of Each Receipt this Period

416.00

P/R Deduction (\$208.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

492.92

55134.98

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. Vision PAC**

Mailing Address PO Box 740338

City

New Orleans

State

LA

Zip Code

70174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2015

**Transaction ID : 38082484**

Amount of Each Receipt this Period

500.00

Refund of 2014 PAC contribution

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. AMERIPAC: The Fund for a Greater America**

Mailing Address 700 13th Street NW, Suite 600

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20005    |

Purpose of Disbursement  
Contribution

011

Candidate Name

**AMERIPAC: The Fund for a Greater America**Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2015        |

**Transaction ID : 37965064**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Bera for Congress**

Mailing Address Post Office Box 582496

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Elk Grove | CA    | 95758    |

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Amerish Bera**Category/  
Type

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|                   |      |   |                                  |
|-------------------|------|---|----------------------------------|
| Disbursement For: | 2016 | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
|                   |      | <input type="checkbox"/> Other (specify) ▼  |                                  |

State: CA District: 07

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2015        |

**Transaction ID : 37965065**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Elise For Congress**

Mailing Address PO Box 338

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Willsboro | NY    | 12996    |

Purpose of Disbursement  
Contribution

011

Candidate Name

**Elise Stefanik**Category/  
Type

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|                   |      |   |                                  |
|-------------------|------|---|----------------------------------|
| Disbursement For: | 2016 | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
|                   |      | <input type="checkbox"/> Other (specify) ▼  |                                  |

State: NY District: 21

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2015        |

**Transaction ID : 37965066**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|          |
|----------|
| 12500.00 |
|----------|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Hoyer for Congress**

Mailing Address 700 13th Street NW, Suite 600

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20005    |

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steny Hamilton Hoyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2015        |

**Transaction ID : 37965067**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Moderate Democrats PAC**

Mailing Address 303 Massachusetts Avenue NE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20002    |

Purpose of Disbursement  
Contribution

Candidate Name

**Moderate Democrats PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2015        |

**Transaction ID : 37965068**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)**

Mailing Address 601 Pennsylvania Avenue NW, Suite

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20004    |

Purpose of Disbursement  
Contribution

Candidate Name

Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2015        |

**Transaction ID : 37965069**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|          |
|----------|
| 15000.00 |
|----------|

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|--|



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 111

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Susan Davis for Congress**

Mailing Address PO Box 84049

City  
San DiegoState  
CAZip Code  
92138-4049Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Susan A. Davis**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 53

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2015        |

**Transaction ID : 37965070**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Tim Walz for US Congress**

Mailing Address PO Box 938

City  
MankatoState  
MNZip Code  
56002Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Timothy J. Walz**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 01

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2015        |

**Transaction ID : 37965071**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Upton For All Of Us**

Mailing Address P.O. Box 490

City  
St. JosephState  
MIZip Code  
49085Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Frederick Upton**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 11    |   | 2015        |

**Transaction ID : 37965072**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 7500.00 |
|---------|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Blue Dog Political Action Committee**

Mailing Address PO Box 83142

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Gaithersburg | MD    | 20883    |

Purpose of Disbursement  
Contribution

011

Candidate Name

**Blue Dog Political Action Committee**Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 20    | / | 2015        |

**Transaction ID : 37996137**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Gallego For Arizona**

Mailing Address PO Box 1710

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Phoenix | AZ    | 85001    |

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ruben Gallego**Category/  
Type

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|                   |  |
|-------------------|--|
| Disbursement For: | 2016   |
|                   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                                   |

State: AZ District: 07

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 20    | / | 2015        |

**Transaction ID : 37996138**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Connolly For Congress**

Mailing Address PO Box 563

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Merrifield | VA    | 22116    |

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Gerald Connolly**Category/  
Type

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|                   |  |
|-------------------|--|
| Disbursement For: | 2016   |
|                   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                                   |

State: VA District: 11

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 20    | / | 2015        |

**Transaction ID : 37996140**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 111

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Heidi For Senate**

Mailing Address PO Box 1577

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Bismarck | State<br>ND | Zip Code<br>58502-1577 |
|------------------|-------------|------------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Heidi Heitkamp**

|                |  |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |

|  |
|--|
| Disbursement For: 2018   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: ND District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 20    |   | 2015        |

**Transaction ID : 37996655**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Tempe | State<br>AZ | Zip Code<br>85285 |
|---------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kyrsten Sinema**

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|  |
|--|
| Disbursement For: 2016   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: AZ District: 09

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 20    |   | 2015        |

**Transaction ID : 37996671**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 1135

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Helena | State<br>MT | Zip Code<br>59624 |
|----------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Jon Tester**

|                |  |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |

|  |
|--|
| Disbursement For: 2018   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: MT District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 20    |   | 2015        |

**Transaction ID : 37997018**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|          |
|----------|
| 10000.00 |
|----------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 111

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City  
WadsworthState  
OHZip Code  
44281-8701Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James B. Renacci**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 20    |   | 2015        |

**Transaction ID : 37997764**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City  
ColumbusState  
OHZip Code  
43220Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steve Stivers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 20    |   | 2015        |

**Transaction ID : 37997765**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Searchlight Leadership Fund**

Mailing Address 700 13th Street NW Suite 600

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Contribution

Candidate Name

**Searchlight Leadership Fund**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 20    |   | 2015        |

**Transaction ID : 37997766**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 8500.00 |
|---------|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Tom Reed for Congress**

Mailing Address PO Box 10847

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Rochester | NY    | 14610    |

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Thomas W. Reed II**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 20    | / | 2015        |

**Transaction ID : 37997767**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Schumer**Mailing Address 192 Lexington Ave  
Suite 1001

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| New York | NY    | 10016    |

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Charles E. Schumer**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 31    | / | 2015        |

**Transaction ID : 38042555**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 3500.00 |
|---------|

|          |
|----------|
| 65500.00 |
|----------|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 111

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Hottinger**

Mailing Address 2135 Horns Hill Road

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Newark | State<br>OH | Zip Code<br>43055 |
|----------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**Jay Hottinger**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 31    | / | 2015        |

**Transaction ID : 38042559**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens for Kevin Bacon**

Mailing Address 260 North Cassady Ave

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Columbus | State<br>OH | Zip Code<br>43209 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**OH Rep. Kevin Bacon**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 31    | / | 2015        |

**Transaction ID : 38042591**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Shannon Jones**

Mailing Address 800 Valley View Point

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Springboro | State<br>OH | Zip Code<br>45066 |
|--------------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**OH Sen. Shannon Jones**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 31    | / | 2015        |

**Transaction ID : 38042594**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 1500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 111

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Oelslager for Ohio Committee**

Mailing Address 6706 Lake Cable Ave. NW

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| North Canton | OH    | 44720    |

Purpose of Disbursement  
Contribution

Candidate Name

**OH Sen. Scott Oelslager**

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

State: District:

Disbursement For:

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2015        |

**Transaction ID : 38042597**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Contribution

Full Name (Last, First, Middle Initial)

**B. Team Burke**

Mailing Address 275 W 4th St

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Marysville | OH    | 43040    |

Purpose of Disbursement  
Charitable Contribution

Candidate Name

**OH Sen. Dave Burke**

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

State: District:

Disbursement For:

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2015        |

**Transaction ID : 38042599**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Charitable Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

State: District:

Disbursement For:

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

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|--|
|  |
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 1000.00 |
|---------|

|         |
|---------|
| 2500.00 |
|---------|